## COLORADO RIVER INDIAN TRIBES Career Development Office



Career Development Office

26600 Mohave Road

Parker, Arizona 85344

(928) 669-5548 Fax (928) 669-5570

fawn.tahbo@crit-nsn.gov, merial.scott-fisher@crit-nsn.gov, skye.mike@crit-nsn.gov

#### **GRANTS & SCHOLARSHIP PROGRAM**

Congratulations on your decision to continue your education! The Colorado River Indian Tribes funds eligible students, through Tribal and Bureau of Indian (BIA) funds, who are pursing a college degree, such as Associates (Arts or Science), Bachelors, Masters, or a Doctorate at an accredited college or university.

The purpose of the Career Development Office is serve eligible CRIT Tribal members and provides them the opportunity to achieve their educational goals. This opportunity is provided as a privilege with the intent that the recipient, upon graduation, will return and apply their learning to benefit the continuing development of the Colorado River Indian Tribes.

#### FINANCIAL ASSISTANCE AVAILABLE

#### **BIA GRANTS:**

Grants are awarded to students who demonstrate a need for financial assistance as recommended by the Institution's Financial Aid Officer.

#### TRIBAL SCHOLARSHIP:

Tribal Scholarships are awarded to students who <u>do not</u> demonstrate a need for financial assistance as recommended by the Institution's Financial Aid Officer.

#### **DEADLINE DATES:**

If deadline falls on Saturday, deadline will be Friday before deadline, or if Sunday, deadline will be Monday:

FALL/SPRING SEMESTERS

JUNE 30 by 5:00 pm

SPRING SEMESTER ONLY

OCTOBER 30 by 5:00 pm

#### GENERAL ELIGIBILITY (other rules may apply):

- 1. Be an enrolled member of the Colorado River Indian Tribes.
- 2. Be a high school graduate with a 2.25 cumulative Grade Point Average (GPA), or earned a GED certificate with a 45% composite score. Former/Continuing students are required to submit an Official Transcript from last institution funded. Graduate students must have earned a BA and have an GPA of 3.0 on a 4.0 scale. (students who have attended a post-secondary institution are required to have a 2.50 GPA)
- 3. Be admitted and enrolled at an accredited college/university.
- 4. Apply for all available funding sources (Pell Grant, SSIG, etc.)
- 5. Be pursuing a professional degree (Associates, Bachelors, etc.)

## **RESPONSIBILITY OF APPLICANT:**

- A. Complete, sign, and submit a new application for each academic year. A new CDO contract, Privacy Act Statement, FERPA, and Repayment policy must also be signed.
- B. Request high school and/or college/university Official Transcript or GED scores for the Career Development Office. A transcript bearing a raised seal and or printed on tamper-proof security paper from the Institution will be verified as official. Photocopies will not be accepted, no exceptions.
- C. First year students and/or transfer students must submit a copy of Acceptance letter from Institution. Class schedule or billing letter will not suffice. Transfer students are required to have current college perform a credit evaluation of all credits that will transfer to your program.

## D. \*\*\*VERY IMPORTANT – ANY QUESTIONS PLEASE ASK\*\*\*

Submit a copy of the Student Aid Report (SAR) or Electronic Student Aid Report (ESAR). \*\*You must fill out a "Free Application for Federal Student Aid" (FAFSA). After submitting FAFSA, you will receive SAR in approximately 4-6 weeks via mail or email. In some cases the Financial Aid Office will also require a copy of your (parents) 1040 tax forms for "Verification" process, if indicated by \* behind EFC on SAR. Please note that all students under the age of 24, who are not married or have children, will need to file with your parents W-2s.

- E. Submit a Financial Aid Needs Analysis (FANA) form to the Institution's Financial Aid Office. Please note this process can take up to 6 weeks; please submit early to avoid deadline issues. Each applicant is responsible for contacting their FAO office and declining all student loans, verifying daycare costs are included on FANA (if applicable, other rules may apply) and ensuring the CDO receives FANA before deadline.
- F. Submit a Certificate of Indian Blood (CIB), copy of Tribal ID card issued by Tribal Enrollment Office, or BIA Preference form. Enrollment Office is (928) 669-1240.
- G. Review the Colorado River Indian Tribes Education Code on critcdo.com or critonline.com before signing submitting application. The CRIT Education Code sets all the requirement of the Higher Education/Adult Vocational programs. All applicants are encouraged to ask questions.

No application will be processed until ALL required documents have been received by the Career Development Office. It is the student's responsibility to make inquiry regarding application and verifying that the required documents have been received. Completed applications are forwarded to Education Committee and Tribal Council for consideration of approval 2-3 weeks after deadline. For more information regarding the Higher Education Program, contact us at (928) 669-5548, fax (928) 669-5570, or by email.

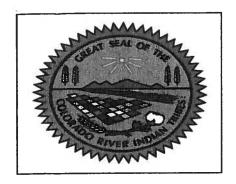
i REVISED 10/2012

## **HIGHER EDUCATION APPLICATION CHECKOFF LIST**

# \*\*\*IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE ALL PAPERWORK HAS BEEN RECEIVED BY THE CRIT CAREER DEVELOPMENT OFFICE BY THE DEADLINE\*\*\*

1-800-809-6207 TOLL FREE 928-669-5548 928-669-5570 fax fawn.tahbo@crit-nsn.gov, merial.scott-fisher@crit-nsn.gov, skye.mike@crit-nsn.gov

Tawn.tanbo@clit-nsn.gov, mclial.scott	i-lisher@crit-nsn.gov, skye.mike@crit-nsn.gov
APPLICANT:	
SSN:	(circle) New / Cont / Former
MAJOR/FIELD OF STUDY:	
INSTITUTION:	
Date Rec'd by CDO:1. Higher Education Application	
2. CDO Agreement (separate page)	NOTES:
3. FERPA (separate page)	
4. CDO – Repayment Policy (seperate page)	
5. Official Transcripts	
** A Transcript bearing a raised seal or printed tamper- proof security paper from the Institution will be verified as official. Official Transcripts must be received by our office in a sealed envelope directly from the institution. PHOTOCOPIES AND/OR FAXES will NOT be accepted. NO EXCEPTIONS. (Must indicate a 2.5 cumulative GPA or better- GED must indicate a 45% or better or a passing confirmation.  ***Continuing /Former students must submit Official Transcripts from last semester/quarter funded. For additional information, please refer to Education Code.	
6. Acceptance Letter	
7. Student Aid Report (SAR)	
8. Financial Aid Needs Analysis (FANA) faxed / mailed	
9. Certificate of Indian Blood (CIB)/Tribal ID	
10. Plan of Study	
11. Class Schedule	



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Term(s) applying for:			
20	_Fall semester		
20	_Spring semester		
20	_Fall Quarter		
20	_Winter Quarter		
20	_Spring Quarter		

#### **Higher Education Application**

PERSONAL AND FAMILY INFORMATION

Date rec'd:
-------------

SSN:	Name: (last)		(first)	(MI)
Mailing Address:			Cell Phone:	
Permanent Home A	ddress:Sex: M F Marital Status:	1	Home Phone:	
DOB:	Sex: M F Marital Status:	Spouse nar	ne:	No. of Children
Veteren: Y N Are	you an enrolled tribal member? Y N	Where:		
		Tribe:		Degree of Indian Blood
		Tribe	•	Degree of fildrall blood
	LAST SCH	OOL ATTENDE	)	
School:	Ad	dress:		
Telephone:	Advation/GED Cartification:	Public	Boarding	_GED
Month/year of Gra	aduation/GED Certification:	Private	Other, specify	
Have you received	a Tribal Scholarship/Grant: Y N			
•	· ·			
				(x)
	COLLEGE OR U			
	University you would like to atten			· · · · · · · · · · · · · · · · · · ·
Address/Phone No	umber:			
College Major:		S	tart Date:	
Type of Degree Y	ou Plan to Receive: AA   AS	AAS □ BA □ BS	$S \square BFA \square MA$	□ <b>PH.D</b> □
	□ 1-32 hours Freshman □ 33-64 !			
[	☐ 98-128 hours Senior ☐ Gradua	te Are you an O	NLINE student?	Y N
2-Yr College	Technical 4-Yr College	/University	Other, specify	
		-	_	
	EMPLOYME	NT INFORMATIO	ON	
Are you currently	employed: Y N Where:			
Supervisor's name	e:		Phone:	
Job Position/Title	e:P	art Time D Full	Time □ Temp □	
			•	

#### Statement of Certification and Consent to Release Information

I hereby certify that the above information is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aide package. I further understand that falsifying any information on this application will deem me ineligible for funding. I will provide a copy of my grades or Official Transcript to the Career Development Office, Higher Education program at the end of each term, semester, quarter, or trimester. I declare that I will use any funds received under the Higher Education Program solely for expenses connected with attendance at college or university. The Career Development Office Higher Education Program operates under the general authority of the Privacy Act of 1974. The applicant should understand that the intent of collecting and maintaining this data on individuals is to determine eligibility of the applicant to receive funding as required under federal and tribal regulations, and to provide the means for producing certain statistical records required for this office to support the need of Congress to appropriate such funds. I hereby give my consent to have my official transcript released automatically or as per request by the Career Development Office, Higher Education Program.



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## **CDO/STUDENT AGREEMENT**

This contract is made into for and between the Career Development the APPL	velopment Off	ice hereinafter called	student is not come and	naking application the student app	on, by licant,
All APPLICANTS shall add (Fall, Winter/Spring) J	here to the foll June 30 <sup>th</sup>	owing deadlines: Winter/Spring ter	rm only	October 30th	Stemenhiller Startf offer rev is od singer
1) The RECIPIENT shall a Tribes Education code a RECIPIENT and/or API rights and responsibilities responsibility to be information Education Code is access understand the Education 2) The RECIPIENT shall	PLICANT shat es regarding firmed of policies sible on the Con Code before sign the application elease their of the grade, grade mmediately retatus, withdray is shall repay the	Ity requirements of tall be responsible for nancial assistance and es herein. The RECI DO and C.R.I.T. we signing said contraction for scholarship and standards to ficial academic transquation date, academic port any change in moval and transfer statute amount of misusees.	reading an and/or scholar scholar scholar is bsites and sct. and finance receive the script informatic major are marital status to the CI of funds (Ref.)	Furthermore, the ad understanding arship including further informed agree to review a cial assistance and escholarship and mation indicating and type of degree as, name, income DO. The RECIP	his/her the that the and d l/or g the e being
The CDO shall:  1) The CDO shall place an outlined in the Colorado  2) The CDO shall disqualify meet the requirements as	River Indian ( y any APPLIC	Tribes Education Cod ANT from receiving	de. o financial	assistance if the	u do mat
f and when the application is accept and abide by the cond esponsibilities and conseque ranscripts and financial infor	litions stipulate ences thereof a	ed in the terms above nd give permission t	and will to the CDO	he bound by the	nail
tudent Signature		Date			



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# FERPA FORM FOR STUDENT'S CONSENT TO RELEASE OF STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of aspects of a student's educational record that are not considered 'directory' information. Educational records are considered confidential and will not be released without written consent from the student, except to the extent that FERPA authorizes disclosure without consent. For this reason, it is necessary for the Career Development Office to obtain permission *from* a student in order to release academic information not excluded by FERPA laws.

In accordance with the Federal Education	•	, , ,	
Ι,		ease print full name) the	
undersigned, authorize the release of any	academic information	to the person(s) listed	
below. This includes, but is not limited to	class schedule, name	of instructors, grades and	
courses I have selected for the upcoming	semester. The Colorac	lo River Indian Tribes	
Career Development office must still abid	le by the Federal Educ	ational Rights and	
Privacy Act of 1974 (FERPA) as to all other	her requests for studer	t information. This form	
will expire on the last day of the curren	t academic year. An	nual renewal is required	
to release academic information to the	person(s) specified b	elow.	
Name: Colorado River Indian Tribes- Career De	velopment Office, 26600 Mc	have Road, Parker AZ 85344	
I certify that I have read and understand the Consent for Student Release of Information			
form.			
Student Signature	Student ID Number	Date	
DI			
Please return one copy to Career Develop	ment office. Retain a	copy for your records.	

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## Career Development Office Repayment Policy

# To be initialed by applicant: I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations, and attendance requirements of the school, and will, to the best of my ability, satisfactorily complete the courses that I have selected. I further agree that the funds issued to me for educational purposes from the Colorado River Indian Tribes, will be so used or repayment will be made back to the Colorado

River Indian Tribes - Career Development office. (Refer to the website, www.crit-

nsn.gov, Education Code Section 8-4502, "Repayment of Funds").

I understand that if I am eligible for other funds, such as Supplemental Educational Opportunity Grants (SEOG), Pell Grants, etc., this will be included when computing my financial aid package, and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance, and income verification to the Colorado River Indian Tribes (C.R.I.T.) Career Development Office. I also understand that I am responsible for following all the rules and regulations regarding the grants and scholarship program. (initial).

***LOANS*** I also understand that accepting any student loan is discouraged. If I do
accept a loan, my tribal scholarship award must be reduced by the amount of my loan and
returned to the Tribes. I am aware that if I have accepted a loan, I will be held responsible
for full payment. I cannot hold the Colorado River Indian Tribes responsible for any
payments (initial).

I have read the above statement listed with the application form. I hereby acknowledge consent and provide the required information and authorize the use of such information to the extent of the use specified in the statement.

Applicants Signature	Date		



# Career Development Office 26600 MOHAVE ROAD

PARKER, ARIZONA 85344

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# Fax (928) 669-5570

## FINANCIAL AID NEEDS ANALYSIS (FANA) This form is to be completed by Financial Aid Officer

tudent Name:	Student's Major/Program:		
tudent's Social #/Student ID:	Academic Year:		
Academic Level: [ ] Freshn	man [ ] Sophomore [ ] Junior [ ] Senior [ ] Graduate		
"Free Application for Federal Student A	s financial aid file is complete. Undergraduate students are required to file a Aid' (FASFA) each academic year. <u>ESTIMATES WILL NOT BE ACCEPTED.</u>		
PLEASE COMPLETE ENTIRE	FORM - PLEASE DO NOT LEAVE ANY BLANK AREAS		
IF YOU HAVE ANY QUI SCHOOL EXPENSES:	ESTIONS PLEASE CONTACT OUR OFFICE IMMEDIATELY RESOURCES:		
Tuition (\$ per credit)	Parent Contribution		
Books/Supplies	Student Contribution		
Room & Board	Veteran's Benefits		
Transportation	Scholarship:		
Personal	Tuition Grant		
Child Care	Loans:		
TOTAL EXPENSES	Student Loans will be deducted from Tribal Awards		
FEDERAL AID:	TOTAL RESOURCES		
Pell Grant	( ) Student suspended from campus-based aid for failure to maintain satisfactory progress.		
SEOG	· · · · · · · · · · · · · · · · · · ·		
SSIG	( ) Student in default or owes on Title V funds.		
Academic Competitiveness Grant (ACG)  TOTAL FEDERAL AID	TOTAL UNMET NEED		
Please indicate dates for recommended award (fill in to	erm cycle/dates/semester/quarters <u>AND</u> amounts):		
\$	\$		
(Terms/Dates)	(Terms/Dates)		
(Terms/Dates)	(Terms/Dates)		
,	Signature: Date:		
	Address:		
Phone: Fax	x:e-mail:		

PLEASE RETURN TO C.R.I.T. CAREER DEVELOPMENT OFFICE BY SPECIFIED DEADLINE: This form can be faxed to our office at (928) 669-5570

> Fall/Winter/Spring Winter/Spring ONLY

JUNE 30th by 5:00 pm MST OCTOBER 30th by 5:00 pm MST



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## **AUTHORIZATION FOR RELEASE OF INFORMATION**

City State to release transcripts and any other information concerning the abov  COLORADO RIVER IN  CAREER DEVELOPM  26600 MOHAVE  PARKER ARIZON  After final grades are posted  Signature of the property of	Date of Birth	Social Security Number
City State o release transcripts and any other information concerning the above  COLORADO RIVER IN CAREER DEVELOPM 26600 MOHAVE PARKER ARIZON  Now  After final grades are posted  Signature  Mailing address (Student)		
COLORADO RIVER IN CAREER DEVELOPM 26600 MOHAVE PARKER ARIZON  Now  After final grades are posted  Signal address (Student)	ess of last school attended	
COLORADO RIVER IN CAREER DEVELOPM 26600 MOHAVE PARKER ARIZON  Now  After final grades are posted  Signally address (Student)		Zip Code
CAREER DEVELOPM 26600 MOHAVE PARKER ARIZON  Now After final grades are posted  Signalling address (Student)	e named student to:	
After final grades are posted  Signalling address (Student)	IENT OFFICE ROAD	
Sig ailing address (Student)		
ailing address (Student)		
lailing address (Student)		
	nature of parent, guardian	o, or student if over 18 years of age
		Date
PO Box/Route		